## "FEE ADDRESS" INDICATION FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
INSTRUCTIONS: Only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application.  When to check the first box below: If the fee address for the patient and/or application number(s) you indicate is to be established with, or changed to, an existing Customer Number.  When to check the second box below: If a Customer Number representing the fee address has to first be established so it can then be associated with the patent and/or application number(s) you indicate. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.	
Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
☑ Customer Number 26652	
OR  Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the issue Fee has been paid or patent(s).	
PATENT NUMBER (If known)	APPLICATION NUMBER
•	10/790,264
Completed by (check one)	武
☐ Applicant/Inventor	Signature
	Kin-Wah Tong
(Reg. No.)	Typed or Printed Name
□ Assignee of record of the entire interest. See 37 CFI Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)     □ Assignee recorded at Reel Frame	R 3.71. <u>(732) 542-2280</u> Requester's telephone number 9/3 v//0

This collection of information is required by 37 CFR. 1383. The information is required to obtain or retain a benefit by the public which is to field and by the USPTO is proceed; an application, confidentially is governed by \$3 U.S. 0. 122 and 37 CFR. 113 and 14.1. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Three will very depending upon the includidual case. Any commentation to the amount of time you require to complete its form andors suggestions for reducing this burden, should be sent to the CHP of the complete that formation of the CHP of the complete that form andors suggestions for reducing this burden, should be sent to the CHP of this complete. Sent Of the AIR SECTION of the CHP of the C

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

Date

Address to: Mall Stop M Correspondence